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| <input type="checkbox"/> Article 19 Amendments | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report |
| <input type="checkbox"/> PCT/IB/331 | <input type="checkbox"/> Search Report References |
| <input checked="" type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front) | <input type="checkbox"/> PCT/IB/306 - Notification of a Change |
| <input type="checkbox"/> Annexes to 409 (Article 34 Amendment) | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Priority Document (s) No. 1 | |

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :
1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Description | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :
1. 18 May 05 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Claims | <input type="checkbox"/> Assignment Document (forwarded to Assignment Branch) |
| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs. 5) | <input type="checkbox"/> Assignee PG Publication Notice |
| <input type="checkbox"/> Translation of Article 19 Amendments
<input type="checkbox"/> entered <input type="checkbox"/> not entered:
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| <input type="checkbox"/> Translation of Annexes to 409
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| <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Address | <input type="checkbox"/> Other: 1. _____
2. _____ |

NOTES:

☒ I.A. used as Specification ☐ Other:

35 U.S.C. 371 - Receipt of Request

22 Apr 05

Date Acceptable Oath/Declaration Received

Date of Completion of requirements under 35 U.S.C. 371(c)(1), (c)(2) and (c)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

10/12/05

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 909 - Notification of Abandonment

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